

# PS 372 AFTER SCHOOL / ENRICHMENT REGISTRATION FORM - 2016/2017

Date: \_\_\_\_\_

Students Name: \_\_\_\_\_

Grade/Class: \_\_\_\_\_

Program (please check all that apply):

After School:  Days Requested (please circle): M T W TH F

Date To Begin: \_\_\_\_\_

Drop In:  \$35 Fee per day

Enrichment:  Class Request and Payment Attached

Parent/Guardian 1: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contacts:**

Contact 1: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Additional Individuals Authorized to pick up your child up from After School:**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

**Registration Fee Payment \$30:** (please circle one) Cash Credit Card Check

**Financial Aid:** (please circle one) Yes No

We are able to provide partial Financial Aid for those with demonstrated financial need. Please fill out Financial Aid Application Form and return in a sealed envelope to Janine DiLorenzo. All information is confidential.

**Medical/Social/Behavioral Information:**

List any physical problems, allergies, social emotional or behavioral needs your child may have. An epipen or asthma pump must be provided for your child if needed in After School. We do not have access to the Nurse's Station after school hours. If your child requires medication, you must schedule with the Nurse to administer before After School begins.

---

---

Student's Doctor: \_\_\_\_\_ Dr.'s Phone: \_\_\_\_\_

In the event of an accident or illness involving a child, the parent will be notified promptly at the contact telephone number provided. In the event that the parent cannot be contacted through that number, or in the event that staff deems the injury too severe to wait for the parent's arrival, parent authorizes the After School staff to take any steps they deem necessary to make medical attention available, including contacting physicians, hospitals or any other medical services. Parent agrees to bear responsibility for all costs of such services, including transportation.

**As parent/guardian:**

- I understand that my child's participation in and/or attendance of any after school program is entirely voluntary.
- I understand that there may be risks associated with any physical and/or sport activity in which my child may participate in the Afterschool Program. I consent to my child's participation in these activities.
- I will provide written notification for any permanent or temporary medical or other conditions, including special dietary and medication needs, or the need for visual or auditory aids, which I believe the Afterschool Program should know about my child.
- I understand that my child is expected to behave responsibly and to follow all applicable school policies, including the school's discipline code. I understand that students who violate the school's policies, including the school's discipline code, may be excluded from the Afterschool Program
- I agree to the terms of payment and Late Pick-up policies and fees.
- I grant permissions to PS372 Staff and Course instructors to take photos/videos of my child in conjunction with the creation of promotional material and/or educational materials for the school and the PS372 PTA.
- I grant permissions to PS372 PTA and Staff to give the above information for my child to outside vendors hired to run after school programs at the school.
- If I do not give permission to any of the above, I will email Janine DiLorenzo, After School Registrar, at: [asregistrar@gmail.com](mailto:asregistrar@gmail.com) to notify the team.

I Have Read the Above and Agree

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Make checks payable to: PTA After School Program of PS 372.  
Please write separate checks for After School and Enrichment. Thank you.**